Centennial Mental Health Center, Inc.
**Job Description**

**Job Title:** Mental Health Professional I   **Job Class:** Program Delivery
**Reports to:** Regional Clinical Director, Program Manager  or
Regional Operations Director   **Grade:** 4
**Status:** Exempt

## POSITION SUMMARY

Provides direct mental health clinical treatment to a variety of individuals which may include children/adolescents, adults and older adults.

## ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Provides mental health interventions to assigned consumers either in individual or group sessions.

2. Develops treatment plans; monitors treatment progress, and follows-up at disposition times.

3. Works with psychiatrist when consumer is in need of medications.

4. Coordinates consumer's use of other Center programs and outside community resources.

5. Provides services (including intensive services for individuals and families) in a variety of settings including office, consumer homes, hospitals, law enforcement facilities, etc.

6. Maintains accurate and timely clinical records consistent with Center standards.

7. Participates in meetings, in-services and supervisory sessions as required.

8. Performs other job duties as assigned.

## JOB REQUIREMENTS

## EDUCATION

Bachelor's Degree in psychology, social work, or other human services field.

## ABILITIES, KNOWLEDGE, SKILLS

Knowledge of methods of counseling and psychotherapy.  Knowledge of community resources.  Ability to serve wide range of consumers, including culturally diverse populations.  Knowledge of cultural issues that may have a bearing on service provision.  Effective written and verbal communication skills. Computer literacy to include basic skills in e-mail communication and word processing.  Ability to work flexible and on-call hours, which may be required.  Ability to travel within the Center's service area or to other locations as needed.

I have read this copy of my job description, discussed it with my supervisor, and understand my responsibilities.


_____     _____
Employee Signature                                                              Date



_____     _____
Administrative Supervisor                                                    Date